

- B. For services provided by or under contract with the community mental health services boards, Mental Health will be responsible for:
1. Processing claims prepared by those community mental health services boards which agree to comply with the personal care standards and procedures for federal financial participation indicated as in Section A above for Mental Health.
 2. Distribution of federal funds received to community mental health services boards when authorized by legislative appropriations.
- C. Social Services will be responsible for:
1. Preparation of the claim for federal financial participation.
 2. Making services or facilities available to permit verification by Mental Health, and the participating responsible mental health agencies, of client eligibility for Medical Assistance as required by Social Services.
 3. Vouchering federal revenues to mental health appropriation deduct accounts as and when authorized by the legislative appropriations for Mental Health and Social Services.
 4. Conducting periodic reviews to determine that Mental Health responsibilities under Sections A and B above are fulfilled.

This schedule became effective October 1, 1982, and will remain in effect unless modified or canceled by mutual consent of both parties.

This agreement may be modified in writing by mutual consent of both parties at any time.

EXHIBIT 179 # 90-18 Date Rec'd 8-17-90
79-9 Date App'd 9-6-90
by RF/4 Date 10-1-82

OFFICIAL

SCHEDULE C
CASE MANAGEMENT SERVICES

Schedule C deals with reimbursement for case management services covered by the Medical Assistance Program for clients receiving such services under terms of contracts with Mental Health and/or community mental health services boards, under agreement with Mental Health.

Mental Health and Social Services hereby agree to the following division of responsibilities for billing and preparation of claims for federal financial participation, for assurance of compliance with standards and certifications required for billing, and for documentation of such compliance.

- A. For services provided by or under contract with Mental Health, Mental Health will be responsible for:
1. Assuring that the services billed to the Medical Assistance Program conform to the definition and purpose of mental health case management services as specified by Social Services.
 2. Verifying that the agency responsible for providing such services has met the appropriate operating, management, and service standards required by Mental Health and Social Services, including enrollment as a mental health clinic services provider.
 3. Assuring that each client for whom a claim is processed has an appropriate plan of care developed by a qualified case manager after an assessment of the client's needs, and receives case management services monthly by the case manager.
 4. Assuring that the client for whom a claim is made is eligible for Medical Assistance.
 5. Producing the detailed billing and maintaining the historical file of case management services by client.
 6. Assuring that the original documentation of case management services provided, client plan of care, and verification of compliance with applicable standards is maintained for subsequent audit.
 7. Preparing and transmitting to Social Services claims for federal financial participation in the cost of administrative services provided by Mental Health for case management services. These costs will be determined in accordance with cost distribution procedures approved by Social Services.

MOCA 179 # 70-18 Date Rec'd 8-17-90
MOCA 179 # 82-4 Date Appr. 2-6-90
MOCA 179 # 82-4 Date Ent. 10-1-82

OFFICIAL

Page 12

B. Social Services will be responsible for:

1. Preparation of the claim for federal financial participation.
2. Vouchering federal revenues accruing from Mental Health case management services provided by DMH-operated mental health clinic services providers (i.e., State regional centers, psychiatric hospitals, and State community living services agencies) to Mental Health appropriation deduct accounts as and when authorized by the legislative appropriations for Mental Health and Social Services.
3. Making services or facilities available to permit verification by Mental Health, and the participating responsible mental health agencies, of client eligibility for Medical Assistance as required by Social Services.
4. Conducting periodic reviews to determine that Mental Health responsibilities under Section A above are fulfilled.

This Schedule became effective April 8, 1986, and will remain in effect unless modified or canceled by mutual consent of both parties.

90-18 8-17-90
82-4 9-6-90
REL 10-1-82

OFFICIAL

Page 13

SCHEDULE D
HOME AND COMMUNITY-BASED WAIVER SERVICES

Schedule D deals with reimbursement for home and community-based waiver services covered by the Medical Assistance Program for clients receiving such services under terms of contracts with Mental Health and/or community mental health services boards under agreement with Mental Health.

With regard to Federal Health Care Financing Administration (HCFA) approved home and community-based waiver (HCBW), including Model waiver services provided to eligible individuals, Mental Health and Social Services hereby agree to the following division of responsibilities for billing and preparation of claims for federal financial participation, for assurance of compliance with standards and certifications required for billing, and for documentation of such compliance.

- A. For services provided directly by or under contract with Mental Health and/or community mental health services boards, Mental Health will be responsible for:
1. Assuring that the services billed to the Medical Assistance Program conform to the definition and purpose of HCBW services as specified in the HCFA-approved home and community-based services waiver program applications.
 2. Verifying that the contracting agency responsible for providing such services has met the appropriate operating, management, and physical plant standards required by Mental Health, Social Services, and/or HCFA for operation and licensure.
 3. Assuring that each client for whom a claim is processed meets federal ICF/MR eligibility criteria, and has an appropriate plan of care which is ordered by a physician, developed by the client's interdisciplinary team and case manager after an assessment of the client's needs, and monitored regularly.
 4. Assuring that the client for whom a claim is made is eligible for Medical Assistance.
 5. Producing the detailed billing and maintaining the historical file of HCBW service charges by client.
 6. Assuring that the original documentation of all home and community-based services provided in accordance with the client plan of care, and the verification of compliance with licensing and operational standards is maintained for subsequent audit.
 7. Assuring that the independent audits/assessments required under HCFA's HCBW final rules are conducted in conformance with audit and assessment requirements specified in the final rules.
 8. Preparing and transmitting to Social Services claims for federal financial participation in the cost of administrative services provided by Mental Health for HCBW services. These costs will be determined in accordance with cost distribution procedures approved by Social Services.

PA-179 # 90-18 Date Rec'd 8-17-90
apexides 88-18 Date Appr. 9-6-90
Data Rec. In 88-18 Date Rec. 10-1-82
88-18

B. Social Services will be responsible for:

1. Preparing the claims for federal financial participation.
2. Making services or facilities available to permit verification by Mental Health, and the participating responsible mental health agencies, of client eligibility for Medical Assistance as required by Social Services.
3. Vouchering federal revenues accruing from Home and Community Based Waiver Services provided by DMH-operated mental health clinic services providers (i.e., State regional centers for persons with developmental disabilities and State community living services agencies) to mental health appropriation deduct accounts as and when authorized by the legislative appropriations for Mental Health and Social Services.
4. Conducting periodic reviews to determine that Mental Health responsibilities under Section A above are fulfilled.
5. Providing necessary reports for Health Care Financing Administration.

This Schedule became effective October 1, 1987, and will remain in effect as long as Mental Health administers home and community-based waivers or unless modified or canceled by mutual consent of both parties.

177 # 90-18 Date Rec'd 8-17-80
98-18 Date Appr. 9-6-80
Rep. In. CHG Date 10-1-82

SCHEDULE E
COMMUNITY SUPPORTED LIVING ARRANGEMENTS

Schedule E deals with reimbursement for community supported living arrangements covered by the Medical Assistance program for consumers receiving such services under terms of contracts with Medicaid-enrolled mental health clinics under agreement with Mental Health.

With regard to the Health Care Financing Administration (HCFA) approved amendment authorizing community supported living arrangements (CSLA) services provided to eligible individuals, Mental Health and Social Services hereby agree to the following division of responsibilities for billing and preparation of claims for federal financial participation, for assurance of compliance with standards and certifications required for billing, and for documentation of such compliance.

- A. For services provided under contract with community mental health services boards, Mental Health will be responsible for:
1. Assuring that the services billed to the Medical Assistance Program conform to the definition and purpose of CSLA services as specified in the HCFA-approved community supported living arrangements amendment application.
 2. Verifying that the contracting agency responsible for providing such services has met the appropriate operating, management, and physical plant standards required by Mental Health, Social Services, and/or HCFA for operation and licensure.
 3. Assuring that each consumer for whom a claim is processed meets the federal definition of developmental disability as defined in the CSLA legislation, and has an individual support plan which is developed by the consumer, his/her individual support planning team, and the qualified human service professional after an assessment of the consumer's needs, and monitored on a regular basis.
 4. Assuring that the consumer for whom a claim is made is eligible for Medical Assistance.
 5. Producing the detailed billing and maintaining the historical file of CSLA service charges by the consumer.
 6. Assuring that the original documentation of all CSLA services provided in accordance with the consumer's individual support plan, and the verification of compliance with licensing and operational standards is maintained for subsequent audit.
 7. Preparing and transmitting to Social Services information for federal financial participation in the cost of administrative services provided by Mental Health for CSLA services. These costs will be determined in accordance with cost distribution procedures approved by Social Services.

TN No. 93-2 Approval Date _____ Effective Date 01-01-93

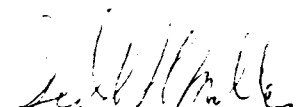
Supersedes

TN No. N/A

B. Social Services will be responsible for:

1. Preparing the claims for federal financial participation.
2. Making services available to permit verification by Mental Health, and the participating enrolled mental health clinics, of consumer eligibility for Medical Assistance as required by Social Services.
3. Conducting periodic reviews to determine that Mental Health responsibilities under Section A above are fulfilled.
4. Providing necessary reports for the HCFA.

This schedule becomes effective October 1, 1991, and remains in effect as long as Mental Health administers the CSLA amendment or unless modified or cancelled by mutual consent of both parties.



Gerald H. Miller, Director
Michigan Department of Social Services

2/17/92

Date



James K. Haveman, Jr., Director
Michigan Department of Mental Health

10/15/92

Date

TN No. 93-2 Approval Date _____ Effective Date 01/01/93

Supersedes

TN No. N/A

OFFICIAL

79-12

Joint Working Agreement Between the
MICHIGAN DEPARTMENT OF SOCIAL SERVICES
and
THE MICHIGAN DEPARTMENT OF EDUCATION, REHABILITATION SERVICES

Part I: Purpose, Objectives, and Mutual Responsibilities

Part II: Functions of Operational Oversight Committee

Part III: Working Arrangements Between Rehabilitation Services
and Social Services Program Offices

Section A: Agreement Between Medical Services Admini-
stration and Rehabilitation Services

and

THE MICHIGAN DEPARTMENT OF EDUCATION, REHABILITATION SERVICES

79-12

OFFICIAL

Purpose

The purpose of this agreement is to facilitate the coordination of benefits and services provided to handicapped individuals by the Michigan Department of Social Services and the Michigan Department of Education, Rehabilitation Services, hereafter referred to as DSS and Rehabilitation Services, respectively. The parties join together under the mandate of PL 95-602, the Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978, and federal regulations at 42 CFR, Part 431 and 45 CFR, Parts 1361, 1362, 1363. This agreement is structured into three parts: The first includes the purpose, objectives, and mutual responsibilities of the two parties; the second part describes the functioning of an Operational Oversight Committee, and the third part includes more detailed working relationships between Rehabilitation Services and different program areas within DSS, including the Medical Services Administration (MSA), Office of Adult and Family Community Services (OAFCS), the Office of Income Assistance (OIA), and the Office of Employment Development Services (OEDS).

Part I of this agreement includes a description of the common goals of the two agencies, a delineation of the specific services to be provided by each agency, a mechanism for a working relationship between the two parties and a procedure by which problems, either in the working agreement or of individual service delivery, may be resolved.

Objectives

The broad objectives of this agreement are:

1. To improve self-sufficiency and self-support of handicapped persons;
2. To assure that through cooperative efforts handicapped persons are referred to and obtain appropriate services of each agency;
3. To promote common administrative and budgetary direction;
4. To assure joint planning for staff development in training efforts;
5. To assure the coordination of planning, funding, program development, and evaluation of program efforts;
6. To establish annual objectives and develop plans of action to support the broad objectives set forth in this agreement;
7. To establish an oversight committee made up of representatives of DSS and Rehabilitation Services to monitor and evaluate the operation of this agreement and procedures developed as a result of this agreement, and to recommend changes in program planning and administration within each agency;
8. To assure the annual review of the agreed upon local and oversight action plans for purposes of future planning efforts;
9. To establish and demonstrate new and innovative approaches intended to enhance services to mutual clientele.

Joint Responsibilities

1. Appointment of a lead representative from the Central Office of each agency, who will be responsible for carrying out the administrative implications of this agreement as described in Part II, the Oversight action.
2. Representation on the Operational Oversight Committee as described in Part II of this agreement.
3. Development of annual action plans to implement this agreement.
4. Joint review, evaluation, and, when necessary, modification of any policies or procedures which implement this agreement.
5. Encouragement of the development of new local agreements and the continuation of existing local agreements.
6. Designation of liaison staff from all appropriate operating units throughout the state from both agencies and, where appropriate, designation of joint operational activity.
7. Exchange of necessary data and information, with due consideration for client's confidentiality and rights of due process.
8. Joint review of any contracts which arise as a result of this agreement.
9. Development of joint budget requests when such requests are desirable to facilitate the delivery of services described in this agreement and to achieve optimum cost effectiveness through a reduction in the duplication of services.

DSS Responsibilities

1. Provision of specific supportive services as described in Part III of this agreement.
2. Development of policies which maximize the resources of Rehabilitation Services in serving handicapped clients of DSS.

Rehabilitation Services Responsibilities

1. Provision of a full range of rehabilitation services described in Part III of this agreement to all eligible Rehabilitation Services clients.
2. Development of rehabilitation services which maximize the state's receipt of federal financial participation.
3. Assumption of primary responsibility for case management in all accepted cases which have been referred by DSS.

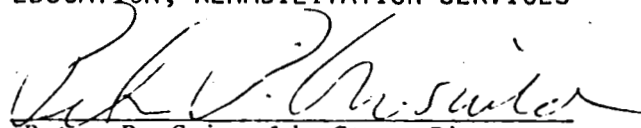
STATE OF MICHIGAN
DEPARTMENT OF SOCIAL SERVICES


Dr. John T. Dempsey, Director

Date

6/10/80

STATE OF MICHIGAN - DEPARTMENT OF
EDUCATION, REHABILITATION SERVICES


Peter P. Griswold, State Director
of Rehabilitation

Date

6/10/80